



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/538,303	
	Confirmation Number		
	Filing Date	with an effective filing date of December 9, 2003	
	First Named Inventor	Colin DUNLOP	
	Group Art Unit	3739	
	Examiner Name	Jacqueline M. PAPAPIETRO Fax: (571) 273-8300	
Total No. of Pages in this Submission: 29		Attorney Docket Number	GRIHAC P44AUS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$1,270.00 <input checked="" type="checkbox"/> Amendment/Response [9pgs] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Stmt [4pgs] <input type="checkbox"/> Certified Copy of Priority [] Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application [] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers [] (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... [] Replacement Sheet(s) [] <input type="checkbox"/> Licensing-related Papers [] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... [] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . [] <input type="checkbox"/> Terminal Disclaimer [] <input type="checkbox"/> Small Entity Statement [] <input type="checkbox"/> Request for Refund []	<input type="checkbox"/> After Allowance Communication to Group [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences [] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [] <input type="checkbox"/> Proprietary Information [] <input type="checkbox"/> Status Letter [] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Request for Continued Examination (In duplicate) [1] Copy of United States Patent No. 5,300,101 [10]
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 30, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 30, 2009.

Signature		Date: March 30, 2009 (amp)
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Complete if Known

10/538,303
with an effective filing date of
December 9, 2003
Colin DUNLOP
Jacqueline M. PAPAPIETRO
3739

GRIHAC P44AUS

METHOD OF PAYMENT (check all that apply)

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

FEE CALCULATION

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195


<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____ -20 or HP =	_____ x	<u>\$52/\$26</u> =	_____	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____
_____ -3 or HP +	_____ x	<u>\$220/\$110</u> =	_____	_____	_____

HP = highest number of independent claims paid for, if greater than 3.

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/ 50 =	(round up to a whole number) x	\$270/\$135	=

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Petition for Four Month Extension of term</u>	<u>\$865.00</u>
<u>Request for Continued Examination</u>	<u>\$405.00</u>

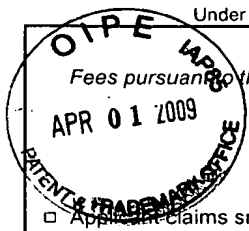

Michael J. Buijold

Name
(Print/Type)

Registration No.
(Atty/Agent) 32,018

Date: March 30, 2009

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).



FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: **\$1,270.00**

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

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with an effective filing date of
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Jacqueline M. PAPAPIETRO
3739

Attorney Docket No.

GRIHAC P44AUS

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u> - 20 or HP =	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u>
		<u>\$52/\$26</u>			
<u>Indep. Claims</u> - 3 or HP +	<u>Extra Claims</u> x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>		
		<u>\$220/\$110</u>			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u> - 100 =	<u>Extra Sheets</u> / 50 =	<u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x	<u>Fee (\$)</u> =	<u>Fee Paid (\$)</u>
			<u>\$270/\$135</u>	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Four Month Extension of term **\$865.00**
Request for Continued Examination **\$405.00**

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: March 30, 2009